	MASSACHUS	ETTS	UNIFO	ORM A	PPLI	CATIO	N FO	RAPI	ERMIT	TOF	PERF	ORM F	PI LIME	SING I	MODE	,		
					Charles Inches										50 SS 50			
	CITY MA DATE									PERMIT #								
1		JOBSITE ADDRESS OWNER'S NAME																
P	OWNER ADDRESS		TEL FAX															
TYPE OR PRINT	OCCUPANCY TYPE	ED	DUCATIONAL RESIDENTIAL															
CLEARLY	NEW: RENOVA	TION: [] F	REPLAC	CEMEN	T: 🔲					PLAN	S SUBN	/ITTED:	YES[οП		
FIXTURES 7	FLOOR→	4	5	6	6 7 8 9 40 44 49 49													
BATHTUB										<u> </u>	1 3	10	11	12	13	14		
CROSS CONNECTION DEVICE										-				-				
DEDICATED SPECIAL WASTE SYSTEM											+	+	-			-		
DEDICATED GAS/OIL/SAND SYSTEM											+-	-	-			<u> </u>		
DEDICATED GREASE SYSTEM											-	 	-					
DEDICATED GRAY WATER SYSTEM											_	 				-		
DEDICATED WATER RECYCLE SYSTEM												 	-					
DISHWASHER											1	 						
DRINKING FOUNTAIN												-						
FOOD DISPOSER											 			_				
FLOOR / AREA DRAIN																		
INTERCEPTOR (INTERIOR)																		
KITCHEN SINK																		
LAVATORY																		
ROOF DRAIN																		
SHOWER STALL																		
SERVICE / MOP SINK																		
TOILET																		
URINAL				Secretary Secretary			-3333											
WASHING MACHINE CONNECTION														\rightarrow				
WATER HEATER ALL TYPES						1/1 to 4												
WATER PIPING																		
OTHER															-+			
													-					
												-						
INSURANCE COVERAGE: I have a current <u>liability</u> insurance policy or its substantial equivalent which meets the requirements of MGL Ch. 142. YES NO																		
IF YOU CHECKED	YES, PLEASE INDICATE TH	HE TYPE	OF CO	VERAG	E BY CH	IECKING	G THE A	PPROPI	RIATE B	OX BEL	.OW							
LIABILITY INSURANCE POLICY OTHER TYPE OF INDEMNITY BOND																		
OWNER'S INSURANCE WAIVER: I am aware that the licensee <u>does not have</u> the insurance coverage required by Chapter 142 of the Massachusetts General Laws, and that my signature on this permit application <u>waives</u> this requirement.																		
		,gu		р	u	Phode	J.1 <u>Wal</u>	, co uno	requit	oniciit,								
	NOMATURE OF THE								CHE	CK ON	IE ONLY	: OW	NER [AG	FNT [¬		
I haraby contify the	SIGNATURE OF OWNER (OR AGE	NT															
I hereby certify that all of the details and information I have submitted or entered regarding this application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under the permit issued for this application will be in compliance with all Pertinent provision of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws.														lge				
PLUMBER'S NAME			LIC	LICENSE #				SIGNATURE										
MP□ JP[CORPORATION #					PAF	PARTNERSHIP ☐ # LLC ☐ #										
COMPANY NAM	MPANY NAME					_ ADD	ADDRESS					-	100000					
CITY			_ s	TATE _		_ ZIF					TEL_							
FAX CELL EMAIL																		